

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective October 1, 2000

Application or Docket Number

**CLAIMS AS FILED - PART I**

(Column 1) (Column 2)

|                                  |                     |                          |
|----------------------------------|---------------------|--------------------------|
| TOTAL CLAIMS                     | <i>15</i>           |                          |
| FOR                              | NUMBER FILED        | NUMBER EXTRA             |
| TOTAL CHARGEABLE CLAIMS          | <i>15</i> minus 20= | <i>0</i>                 |
| INDEPENDENT CLAIMS               | <i>1</i> minus 3 =  | <i>0</i>                 |
| MULTIPLE DEPENDENT CLAIM PRESENT |                     | <input type="checkbox"/> |

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

(Column 1) (Column 2) (Column 3)

| AMENDMENT A                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | MINUS | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |        |                                     |
|--|---|-------|---|------------------|--------|-------------------------------------|
|  |   |       |   |                  | RATE   | ADDITIONAL<br>FEE                   |
| Total  | <i>15</i>                                 | Minus | <i>15</i>                                   | =                | X\$ 9= | <input checked="" type="checkbox"/> |
| Independent                                    | <i>1</i>                                  | Minus | ***   | =                | X40=   | <input checked="" type="checkbox"/> |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |       |   |                  |        | <input type="checkbox"/>            |

SMALL ENTITY  
TYPE  OR OTHER THAN  
SMALL ENTITY

|           |        |              |            |
|-----------|--------|--------------|------------|
| RATE      | FEES   | RATE         | FEES       |
| BASIC FEE | 355.00 | OR BASIC FEE | 710.00     |
| X\$ 9=    |        | OR X\$18=    |            |
| X40=      |        | OR X80=      |            |
| +135=     |        | OR +270=     |            |
| TOTAL     |        | OR TOTAL     | <i>710</i> |

OTHER THAN  
SMALL ENTITY

|                     |                                     |                        |                          |
|---------------------|-------------------------------------|------------------------|--------------------------|
| RATE                | ADDITIONAL<br>FEE                   | RATE                   | ADDITIONAL<br>FEE        |
| X\$ 9=              | <input checked="" type="checkbox"/> | X\$18=                 | <input type="checkbox"/> |
| X40=                | <input checked="" type="checkbox"/> | X80=                   | <input type="checkbox"/> |
| +135=               | <input checked="" type="checkbox"/> | +270=                  | <input type="checkbox"/> |
| TOTAL<br>ADDIT. FEE |                                     | OR TOTAL<br>ADDIT. FEE |                          |

| AMENDMENT B                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | MINUS | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |        |                                     |
|--|---|-------|---|------------------|--------|-------------------------------------|
|  |   |       |   |                  | RATE   | ADDITIONAL<br>FEE                   |
| Total  | <i>15</i>                                 | Minus | <i>15</i>                                   | =                | X\$ 9= | <input checked="" type="checkbox"/> |
| Independent                                    | <i>1</i>                                  | Minus | ***   | =                | X40=   | <input checked="" type="checkbox"/> |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |       |   |                  |        | <input type="checkbox"/>            |

|                     |                          |                        |                          |
|---------------------|--------------------------|------------------------|--------------------------|
| RATE                | ADDITIONAL<br>FEE        | RATE                   | ADDITIONAL<br>FEE        |
| X\$ 9=              | <input type="checkbox"/> | X\$18=                 | <input type="checkbox"/> |
| X40=                | <input type="checkbox"/> | X80=                   | <input type="checkbox"/> |
| +135=               | <input type="checkbox"/> | +270=                  | <input type="checkbox"/> |
| TOTAL<br>ADDIT. FEE |                          | OR TOTAL<br>ADDIT. FEE |                          |

| AMENDMENT C                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | MINUS | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |        |                                     |
|--|---|-------|---|------------------|--------|-------------------------------------|
|  |   |       |   |                  | RATE   | ADDITIONAL<br>FEE                   |
| Total  | <i>15</i>                                 | Minus | <i>15</i>                                   | =                | X\$ 9= | <input checked="" type="checkbox"/> |
| Independent                                    | <i>1</i>                                  | Minus | ***   | =                | X40=   | <input checked="" type="checkbox"/> |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |       |   |                  |        | <input type="checkbox"/>            |

|                     |                          |                        |                          |
|---------------------|--------------------------|------------------------|--------------------------|
| RATE                | ADDITIONAL<br>FEE        | RATE                   | ADDITIONAL<br>FEE        |
| X\$ 9=              | <input type="checkbox"/> | X\$18=                 | <input type="checkbox"/> |
| X40=                | <input type="checkbox"/> | X80=                   | <input type="checkbox"/> |
| +135=               | <input type="checkbox"/> | +270=                  | <input type="checkbox"/> |
| TOTAL<br>ADDIT. FEE |                          | OR TOTAL<br>ADDIT. FEE |                          |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.